



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

January 24, 2014

COUNTY FISCAL LETTER (CFL) NO. 13/14-38

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY FISCAL OFFICERS  
ALL COUNTY AUDITOR CONTROLLERS  
ALL COUNTY EBT COORDINATORS  
ALL CALWORKS PROGRAM SPECIALISTS  
ALL CONSORTIUM PROJECT MANAGERS  
ALL COUNTY CASH ASSISTANCE PROGRAM FOR  
IMMIGRANTS (CAPI) SPECIALISTS

SUBJECT: REIMBURSEMENT INSTRUCTIONS FOR REPLACEMENT OF  
ELECTRONICALLY-STOLEN ELECTRONIC BENEFIT TRANSFER  
(EBT) BENEFITS PER ASSEMBLY BILL (AB) 2035

REFERENCES: [ALL COUNTY LETTER \(ACL\) NO. 13-67, DATED  
AUGUST 30, 2013](#)  
[INTERIM INSTRUCTIONS MEMO, DATED DECEMBER 31, 2012  
AB 2035 \(CHAPTER 319, STATUTES OF 2012\)](#)  
[ACL NO. 11-08, DATED JANUARY 31, 2011](#)  
[42 UNITED STATES CODE \(USC\) SECTION 601](#)

This CFL provides counties with reimbursement information and instructions regarding the replacement of electronically stolen (often called “skimmed”) EBT benefits. All cash assistance programs that use the EBT system to issue benefits are subject to the requirements stipulated in the AB 2035 statute. Those cash programs currently include: California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Cash Assistance (RCA), Trafficking and Crime Victims Assistance Program (TCVAP), CAPI and county administered General Assistance/General Relief (GA/GR). Please note that GA/GR benefits are county funded and replacement benefits issued in accordance with AB 2035 remain county funded and are not eligible for reimbursement from the California Department of Social Services (CDSS). The provisions of AB 2035 do not apply to food benefits such as CalFresh and the California Food Assistance Program.

The enclosed Attachment I entitled COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC

THEFT (TEMP 2035) has been created for counties to report and certify the amounts of AB 2035 claims. Attachment II provides the instructions on what information to include in the TEMP 2035. For detailed implementation, tracking and Notice of Action information regarding AB 2035, refer to [ACL No. 13-67](#).

### **Issuance Instructions**

The Consortium IV (C-IV); CalWORKs Information Network (CalWIN); and Los Angeles Eligibility, Automated Determination, Evaluation and Reporting (LEADER) consortia have each devised manual processes to allow county personnel to use county funds to replace stolen EBT benefits. The counties within each consortium must use the same methodology for manually processing AB 2035 transactions. Questions regarding the consortium-specific manual processes should be directed to the appropriate consortia representative.

It is important that electronic theft replacement benefits be reissued using county funds and without using Temporary Assistance for Needy Families (TANF) dollars or other unallowable funding sources. Federal TANF guidelines (42 USC Section 601) prohibit the use of federal dollars to issue a benefit amount more than once to the same recipient in the same benefit month. Counties will be reimbursed with 100 percent general fund dollars in the month following submittal of the certified Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035) claim to CDSS.

Per instruction in [ACL No. 13-67](#), replacement benefits for electronic theft cases are assigned a benefit type of Electronic Theft Replacement Cash Benefits (ETRCB) in each consortium, making it possible for counties to query all of the AB 2035 benefit replacements made on a monthly basis and use that data to complete the Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035).

### **Reimbursement Instructions**

1. Use the Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035), to report the following amounts by program affected through the loss of benefits:
  - Total reimbursement amount for actual cash expenditures associated with the theft of EBT cash benefits, aggregated by program.
  - Recoveries of aid (overpayment collections) for prior AB 2035 benefit issuances.
  - Prior month positive adjustments for prior AB 2035 benefit issuances.
  - Prior month negative adjustments for prior AB 2035 benefit issuances.
  - Total net obligations for reimbursement by program.

- Total number of payments issued by program.

The Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035), and Attachment II, INSTRUCTIONS FOR THE COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT, are located on the CDSS' [Automated Assistance Claim Extranet](#) web site.

Please note that the claim contains a date range in the drop-down menu for claiming reimbursements for incidents which occurred in Fiscal Year (FY) 2012-13 between January 1, 2013 and June 30, 2013. Counties are to claim all EBT electronic theft incidents for FY 2012-13 using this combined date range. A reimbursement claim for any incidents which occurred within this time period should be submitted by February 20, 2014.

Additionally, there is a drop-down menu in the date range for claiming reimbursements which occurred in FY 2013-14 from July 1, 2013 through December 31, 2013. A reimbursement claim for any incidents which occurred within this time period (July 1, 2013 and December 31, 2013) should be submitted by February 20, 2014.

Beginning with the January 2014 claiming month, counties are to submit monthly claims for reimbursement by selecting the appropriate claiming month from the drop-down menu.

2. Sign the Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035) and submit via e-mail to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov), fax to (916) 654-5993 or mail to the following address:

California Department of Social Services  
Attention: Financial Services Bureau  
County Assistance and Contract Payments Section  
744 P Street, MS 09-5-27  
Sacramento, CA 95814

3. Beginning with the January 2014 claiming month, requests for reimbursement must be submitted to CDSS within 20 calendar days after the end of the month. If there are no EBT replacements for electronic theft to report, the Attachment I, COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT (TEMP 2035) should be submitted with "zero" amounts to CDSS by the 20<sup>th</sup> of each month with the other County Assistance (CA 800) claims.

4. Per [ACL No. 11-08](#), counties must maintain the original reimbursement request and supporting documentation for three years.

If you have questions regarding this letter, please direct your questions to [assistance.claims@dss.ca.gov](mailto:assistance.claims@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

LILIA A. YOUNG, Chief  
Fiscal Forecasting and Policy Branch

Attachments

**COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT**

County	Date (Month Year)

EBT THEFT BY PROGRAM					
		CalWORKs Cash Assistance	TCVAP Cash Assistance	RCA Cash Assistance	CAPI Cash Assistance
1	Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits in current claiming month:				
2	Recoveries of Aid for Prior AB 2035 issuances:				
3	Prior Month Positive Adjustments:				
4	Prior Month Negative Adjustments:				
5	Total Net Obligations for Reimbursement (Sum Lines #1 and #3, less Lines #2 and #4):				
6	Total Number of Payments Issued:				

**COUNTY WELFARE DIRECTOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director	Date

**COUNTY AUDITOR'S CERTIFICATION**

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor	Date

Last Modified 01/15/14

**INSTRUCTIONS FOR THE COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC  
BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT**

**GENERAL INFORMATION**

1. Select the county name, month and year of claim from drop down menu.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed not to allow cents, only dollars.
  
4. **Total Theft of EBT**  
Line 1: Enter total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits in the current claiming month. Be sure to report the amount under the correct program.
  
5. **Recoveries of Aid**  
Line 2: Enter the Recoveries of Aid for Prior AB 2035 issuances. Be sure to report the amount under the correct program.
  
6. **Prior Month Adjustments**  
Line 3: Enter the Prior Month Positive Adjustments. Be sure to report the amount under the correct program.  
  
Line 4: Enter the Prior Month Negative Adjustments. Be sure to report the amount under the correct program.
  
7. **Total Net**  
Line 5: Total Net Obligations for Reimbursement will automatically calculate lines #1 thru 4.
  
8. **Total Number of Payments**  
Line 6: Enter total number of payments issued. Be sure to report the amount under the correct program.